

EXHIBIT A-12

Stoler
EXHIBIT NO. 8
8/5/19

Mortgage Assistance Application

IMPORTANT – All sections/fields of the application must be complete. Use "0" or "N/A" if a category doesn't apply to you.

- ALL borrowers on the Note/Loan must provide application information and supporting documentation.
- If you are not on the Note/Loan and are completing this application, provide a detailed explanation and relevant documents. (For example: **Divorce Decree, Death Certificate and Probate documents, recorded Quitclaim Deed**)

For additional foreclosure prevention information and assistance, including a list of HUD-approved housing counselors, contact:

- The US Department of Housing and Urban Development at (800) 569-4287 or www.hud.gov/counseling.
- Homeowners' HOPE Hotline (888) 995-HOPE – Call this hotline and let a HUD-approved housing counselor help you understand your options, prepare your application, and help you work with PennyMac to complete your paperwork.

Borrower Information

Borrower's name: Jessica Stoler

Co-Borrower's name: n/a

Social Security Number (last 4 digits): [REDACTED]

Social Security Number (last 4 digits): [REDACTED]

Daytime phone number: 304-989-0516

Daytime phone number: [REDACTED]

Alternate phone number: Same

Alternate phone number: [REDACTED]

E-mail address: jessica.early@yahoo.com

E-mail address: [REDACTED]

Preferred contact method: ☒ Phone ☒ Email ☐ Text

*By providing your cell phone number(s), you are giving PennyMac, and companies working on its behalf, permission to contact you at this number about any PennyMac account. Your consent permits the use of text messaging, artificial or prerecorded voice messages and automatic dialing technology. Message and data rates may apply. You may contact us at any time to change these preferences.

Is any borrower an active duty service member, the dependent of an active duty service member, or the surviving spouse or dependent of a service member, who was on active duty at the time of death? ☐ Yes ☒ No

Are you working with a 3rd party that's authorized to speak on your behalf during the modification review process? ☐ Yes ☒ No

If yes, provide: Name n/a Phone Number: n/a

E-mail address: n/a

Property Information

Property Address: 2122 21st St. Nitro, WV 25143

Mailing address (if different from property address): same

The property is currently: ☒ A primary residence ☐ A second home ☐ An investment property

The property is (select all that apply): ☒ Owner occupied ☐ Renter occupied ☐ Vacant

Number of people in household: 3

Borrower's preference: ☒ Keep the property ☐ Sell or transfer the property ☐ Undecided

Is the property listed for sale? ☐ Yes ☒ No; if yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: [REDACTED]

Is the property subject to condominium or homeowners association (HOA) fees? ☐ Yes ☒ No. If yes, provide the most recent account statement and indicate dues and frequency: \$ n/a ☐ Monthly ☐ Quarterly ☐ Annually

NOTE: If your homeowners insurance is not included in your mortgage payment, include a copy of your insurance declaration page.

Hardship Information

Hardship is defined as a decrease in income or an increase in expenses that make it difficult for you to afford your mortgage payments. Answering the following questions will help us better assess your financial hardships and determine what relief options are right for you.

The hardship causing mortgage payment challenges began on approximately (date) April, 17 and is believed to be:
☐ Short-term (up to 6 months) ☒ Long-term or permanent (greater than 6 months) ☐ Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input checked="" type="checkbox"/> Unemployment	<ul style="list-style-type: none"> A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits
<input checked="" type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	Documentation to show decreased income. For example: <ul style="list-style-type: none"> Paystubs before and after hardship date reflecting decrease in income Lay Off/Separation Notice from employer Loss of child support or alimony benefits
<input type="checkbox"/> Increase in expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, increased mortgage payment, HOA special assessment), OR increase of personal expenses	Documentation to support the increased expense. For example: <ul style="list-style-type: none"> Uninsured home repairs Car repairs Medical bills/receipts (do not provide medical records or details of your illness/disability)
<input checked="" type="checkbox"/> Long-term or permanent disability, serious illness of a borrower/co-borrower or dependent family member	Do not provide medical records or details of your illness/disability <ul style="list-style-type: none"> If you are experiencing a reduction in income due to disability or illness, provide documentation to show the income change (before and after the reduction) If you are experiencing increased expenses due to disability or illness, provide bills or other documentation that show expense amounts and duration
<input type="checkbox"/> Disaster (natural or man-made) impacting the property, the customer's place of employment, or the property/employment of any other applicable party.	<ul style="list-style-type: none"> Insurance claim documentation, OR FEMA grant or Small Business Administration loan documents, OR Customer or employer property in federally-declared disaster area
<input checked="" type="checkbox"/> Divorce or legal separation; Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law <i>Note: all borrowers of record may still be required to sign any modification agreement</i>	<ul style="list-style-type: none"> Final divorce decree or final separation agreement Recorded quitclaim deed Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> Tax returns from previous year (all schedules) or IRS Form 4506-T(*), Most recent signed and dated quarterly or year-to-date profit and loss statement <p><small>* IRS Form 4506-T can be obtained from our web-site (pennymacusa.com) or the IRS website (www.irs.gov/pub/irs-pdf/f4506t.pdf)</small></p>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> Death certificate or other evidence of death
<input type="checkbox"/> Distant employment transfer / relocation	<ul style="list-style-type: none"> Proof of transfer OR Military Permanent Change of Station (PCS)
<input type="checkbox"/> Other - hardship that is not covered above: (Attach an additional page if needed)	<ul style="list-style-type: none"> Any relevant documentation to support your hardship not covered above. Hardship is defined as a decrease in income or an increase in expenses.

Household Income

MONTHLY TOTAL HOUSEHOLD INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Are you receiving any form of income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>will be - no current paystubs yet</i> (see "required income documentation")	Borrower \$ <i>2000</i>	Co-Borrower or Income Contributor \$ <i>n/a</i>
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses <i>If you're a teacher, indicate the number of months you are paid: _____</i>	\$ <i>2000</i>	\$ <i>n/a</i>
Self-employment income <i>* 4506-T can be obtained from our web-site (pennymacusa.com) or IRS website (www.irs.gov/pub/irs-pdf/f4506t.pdf)</i>	\$ <i>/</i>	\$ <i>/</i>
Unemployment income	\$ <i>/</i>	\$ <i>/</i>
Social Security, pension, disability, death benefits, adoption assistance, housing allowance, other public assistance	\$ <i>/</i>	\$ <i>/</i>
Rental Income (Rents received, less expenses other than mortgage) <i>If taxes, insurance and HOA are not included in your mortgage, provide copies of most recent bill(s)</i>	\$ <i>/</i>	\$ <i>/</i>
Investment or insurance income	\$ <i>/</i>	\$ <i>/</i>
Other Income (You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered as income for your loan assistance request)	\$ <i>/</i>	\$ <i>/</i>

Household Assets – excluding retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts, such as a 529 plan.

Checking account(s) and cash on hand Savings, money market funds, and Certificates of Deposit (CDs)	\$ <i>0</i>
Stocks and bonds (non-retirement accounts), Other (e.g. other real estate you own):	\$ <i>0</i>

Recent Employment Information

Provide prior 12 months of employment (VA loans require 24 months). Attach an additional page if needed.

BORROWER		CO-BORROWER	
Are you currently employed? (Y/N)	Are you self-employed? (Y/N)	Are you currently employed? (Y/N)	Are you self-employed? (Y/N)
Current/Most recent employer name: <u>starting family care 11/21/18</u>		Current/Most recent employer name:	
Business Address: <u>Teays Valley, WV 25560</u>		Business Address:	
Business Phone #: <u>304-757-6999</u>		Business Phone #:	
Monthly Income (before tax): \$ <u>2000</u>		Monthly Income (before tax): \$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
Prior Employer Name: <u>CDI Corp</u>		Prior Employer Name:	
Business Address: <u>125 Lakeview Dr. Cross Lanes, WV 25313</u>		Business Address:	
Business Phone #: <u>304-746-3694</u>		Business Phone #:	
Monthly Income (before tax): \$ <u>2240</u>		Monthly Income (before tax): \$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):

Expense Information

Provide monthly amounts below. (We may require supporting documentation.)

Expense Category	N/A	Monthly Payment
Child Care		\$ <u> </u>
Personal Loans		\$ <u> </u>
Gas for home		\$ <u>20</u>
Water and Electric		\$ <u>200</u>
Home Phone		\$ <u> </u>
Cell Phone		\$ <u>100</u>
Cable		\$ <u>100</u>
Internet		\$ <u> </u>
Trash		\$ <u>25</u>

Expense Category (cont)	N/A	Monthly Payment
Sewer		\$ <u>40</u>
Auto Gas		\$ <u>20</u>
Auto Insurance		\$ <u>100</u>
Uninsured Medical Expenses		\$ <u> </u>
Life Insurance (not deducted from paycheck)		\$ <u> </u>
Health Insurance (not deducted from paycheck)		\$ <u> </u>
Child Support		\$ <u> </u>
Alimony		\$ <u> </u>
Other (specific)		\$ <u> </u>

Acknowledgment and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I may be required to provide additional supporting documentation. I will provide all requested documents no later than the due date specified in the document request.
3. PennyMac will use the information I am providing to determine if I'm eligible for mortgage assistance, but PennyMac isn't obligated to offer me assistance based solely on the statements in this or any other document I've sent as part of this request.
4. PennyMac or its authorized agents may obtain a current credit report for me.
5. I consent to the disclosure by PennyMac, and its authorized agents, of any of my personal information collected during the mortgage assistance process and information about any relief I receive, to any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them. Personal information may include, but is not limited to: (a) my name, address, telephone number; (b) my Social Security number; (c) my credit score; (d) my income; and (e) my payment history and information about my account balances and activity.
6. The property securing the mortgage for which I'm requesting assistance is able to be lived in and hasn't been or isn't at risk of being condemned.
7. If I, or someone on my behalf, has submitted a Fair Debt Collection Practices Act Cease and Desist notice to PennyMac, I withdraw that notice and understand that PennyMac must contact me throughout the mortgage assistance process.
8. If I'm eligible for an assistance option that requires an escrow account to pay property taxes and/or hazard insurance and my loan didn't have one, PennyMac may establish one to make tax and/or insurance payments on my behalf.
9. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to PennyMac or its authorized agents.
10. I understand that if I have misrepresented any fact(s) in connection with this document, PennyMac may cancel any Agreement, proceed with foreclosure on my home, and/or pursue any other available legal remedies.

Borrower signature: Jessie StolerDate: 12.29.17

Co-Borrower signature: _____

Date: _____

Non-Borrower (Income Contributor) Authorization Form (If indicated on Income page)

The undersigned Non-Borrower authorizes PennyMac Loan Services, LLC to obtain, share, and release, as provided above, his/her public and non-public personal information including (but not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Non-Borrower.

I reside in the home at _____ and request my income be included in the review for a modification on the loan secured by the property address that is the subject of this application for mortgage assistance. I consent to allow PennyMac or its authorized agents to order a current credit report for me in connection with this application for mortgage assistance.

_____/	_____/	_____/	\$/	_____/	_____/
Name	Relationship to Borrower	Social Security Number	Contribution Amount	Signature	Date

_____/	_____/	_____/	\$/	_____/	_____/
Name	Relationship to Borrower	Social Security Number	Contribution Amount	Signature	Date

WorkForce West Virginia



Claimant Information

Welcome to the Claimant Information page. All of your information for this current year is below. If you have any questions about payments, balances, or for information on previous weeks filed, contact your local claim office during normal business hours.

- **You have exhausted all benefits on your West Virginia claim.**

Your Benefit Information

You were last paid for the week ending **11/18/2017**. A payment was processed on **11/20/2017** and should be available within 2 - 3 business days. *Note: Business days do not include weekends and holidays.*

Your benefit year ends **05/12/2018**. Your balance is **\$0.00**.

PLEASE NOTE: The latest calendar year 1099-G information is not yet available. Please check back after January 29th.

In Calendar Year **N/A**, West Virginia paid you **N/A** in unemployment compensation benefits.

Your Benefit History

Claim Date	Pay Date	Pay Amount	Earnings Amount	Child Sup. Amount	Tax Amount	Offset Amount	Disqualify	Pay Comment
11/18/2017	11/20/2017	\$298.00	\$0.00	\$0.00	\$33.00	\$0.00	N/A	Although you were paid for the week, you have now exhausted the program balance.
11/11/2017	11/13/2017	\$298.00	\$0.00	\$0.00	\$33.00	\$0.00	N/A	Paid for week

STOLER_PENNYMAC_000965

INSTRUCTIONS TO THE HEALTH CARE PROVIDER: With advice obtained from the employee, the physician should ask the following questions and, if necessary, conduct a physical examination of the employee. The physician should be aware of the employee's medical history, symptoms, and condition of the employee, as well as the employee's current condition. The physician should also be aware of the employee's current condition. The physician should also be aware of the employee's current condition. The physician should also be aware of the employee's current condition.

Patient's Name William Withrow
 Referring Name and Address Pulmonary Associates of Ch
 Type of Practice (Medical Specialty) 4619 Kanawha Ave SW So Charleston WV
 Telephone 304 400-4545 Fax Critical Care

2. Does the employee perform any of the following functions? ☒ No ☐ Yes

Use, operate, control, or

1. Use the information provided by the employer, if any, to answer these questions. If the employer has not provided a list of the employee's essential functions or a job description, please answer these questions based upon the employee's own description of his or her job functions.

Is the employee unable to perform any of his or her job functions due to the condition? ☐ No ☒ Yes

If so, identify the job functions the employee is unable to perform.

Physical job like lifting, not able to
do at all.

4. If the treating provider is a chiropractor, does the treatment being provided to the employee consist of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray? ☐ No ☒ Yes

5. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of medical equipment).

Patient is requiring follow up & treatment
on the upper limb (LW).

PART D: AMOUNT AND NATURE OF LEAVE NEEDED

6. When will the employee be unable to work? (Please select and complete one of the options below.)

☒ For a period of approximately 10-12 weeks, with an expected return to work on October 1st

Unknown

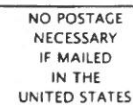
7. If the employee is unable to work for a period of time, will the employee be able to perform any of his or her essential functions? ☐ Yes ☒ No ☐ Unknown

8. If the employee is unable to work for a period of time, will the employee be able to perform any of his or her essential functions? ☐ Yes ☒ No ☐ Unknown

9. If the employee is unable to work for a period of time, will the employee be able to perform any of his or her essential functions? ☐ Yes ☒ No ☐ Unknown

10. If the employee is unable to work for a period of time, will the employee be able to perform any of his or her essential functions? ☐ Yes ☒ No ☐ Unknown

11. If the employee is unable to work for a period of time, will the employee be able to perform any of his or her essential functions? ☐ Yes ☒ No ☐ Unknown



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POSTAGE WILL BE PAID BY ADDRESSEE

PENNYMAC LOAN SERVICES
LOAN MODIFICATION DEPARTMENT
EXPEDITED PROCESSING
PO BOX 2360
MOORPARK, CA 93020-9969



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